



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE

TELEPHONE: (302) 744-4500
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DIVISION OF PROFESSIONAL REGULATION

DELAWARE BOARD OF COSMETOLOGY AND BARBERING
Reciprocity Application

Full Name _____
(Last) (First) (MI)

Legal Residence: _____

(City) (State) (Zip)

Social Security Number: _____ - _____ - _____

Home Telephone: () _____ Work Telephone: () _____

Email: _____

Section A.....

1. Check the type of license for which application is being made:

Cosmetologist ____ Nail Technician ____ Aesthetician ____ Electrologist ____

Barber ____ Cosmetology Instructor ____ Barber Instructor ____ Aesthetician Instructor ____

Nail Technician Instructor ____ Electrology Instructor ____

2. Applying for reciprocity in Delaware by:

Method #1 _____ or Method #2 _____

Section B.....

List name of all state(s) where a license has been issued at any time. Submit verification/certification request(s) for each state.

1. _____ 3. _____

2. _____ 4. _____

SECTION C.....

Are any unresolved complaints pending against you in any jurisdiction? Yes____ No____ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

Do you have any impairment related to drugs or alcohol that would limit your practice of cosmetology? Yes____ No____ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction? Yes____ No____
If yes, submit a certified copy of your criminal history record.

The Board office must receive items submitted for the Board to consider at its meeting no later than two full business days before the meeting. In order to be considered at a Board meeting, license applications must be complete two full business days before the meeting. A complete application is one that includes all required documentation and correct payment.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is complete, please allow 4-12 weeks to receive your license.

AFFIDAVIT

I, _____, do hereby certify that the information given by me in this application is true to the best of my knowledge and belief and is made for the express purpose of obtaining a license.

I am aware that intentionally submitting false information may result in denial of a license and referral to the Attorney General's office for appropriate action.

This _____ day of _____, _____.

Signature of Applicant

State of _____

S.S.

County or City of _____

_____ being first duly sworn, deposes and says that he/she is the person who executed this application, that the statements herein contained are true and that he/she has read and understands this affidavit.

Subscribed and sworn to before me this _____ day of _____.

My commission expires _____

Signature of Notary Public

SEAL